

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 18 2017

I. Name of Lobbyist(s) Sheila M. Vargas				NEW HAMPSHIRE	
II. Name of lobbyist's partnership, firm or corporation, if any:					
(Name	of partnership, firm or	corporation)			
Business Address: (Stree	et)	(Town/City)	(State)	(Zip Code)	
(Telephone)	()(Fax)	e-mail		
III. This statement covereportable expense train				may file a separate report for	
All reportable transac	ctions occurring in t	he months prior to t	he reporting date relative to	the following client:	
New Futures, Inc					
	(Full Name of Client a	s it appears on the Lol	obyist Registration Form)		
		t (including the lobl	oyist's family), or the lobby	ring firm listed below which are	
unrelated to any particula	ar client.				
	April 26, 2017 y from date of registration to 3/31/17		July 26, 2017		
	October 25, 2017 Stivity from 7/1/17 to 9		January 31, 2018 [activity from 10/1/17 to 12		
			transactions made sinc e Secretary of State's Office		
VI. Check if additional	reports are attach	ed:			
☐ If you have received	fees or made expen	ditures, you must fi	le Addendum A– Fees and	l Expenses	
☐ If you have paid an l Expense Reimbursement		oursed expenses, you	u must file Addendum B-	Report of Honorariums or	
☐ If you, your firm, or	your family has ma	de political contribu	itions, you must file Adden	dum C- Political Contributions	
Sworn/Statement/Affir Inavertead RSA 15, RS, and complete to the best (Signature of lobbyist) Sheila M. Vargas (Print Name of lobbyist)	A 15-B, RSA 14-C and my knowledge for	ind RSA 664 and he	ereby swear or affirm that the $\frac{10/13/1}{(10)}$	ne foregoing information is true 1 7 Date)	